South Lakeland LAP Health event
Thursday 13 November 2014
Friends meeting House, Quaker Tapestry, Kendal

Panel members: Chair: **Mary Chapman** (Chair Upper Kent LAP), Jim Hacking, Helen Bailey and Roz Bradshaw (South Lakeland CCG), Craig Melrose (NHS England), Rick Shaw, Mark Evans +1 (North West Ambulance Service), Gary Wilson (Adult Social Care).
26 LAP and Parish representatives from Kirkby Lonsdale, Claife, Hawkshead, Kentmere, Milnthorpe, Satterthwaite, Burneside, Arnside, Coniston, Dent, Longsleddale, Kirkby Ireleth, Skelwith, Grange over Sands, Beetham, Grasmere, Sedbergh and Ulverston

Helen Bailey: Provided a quick overview of current issues for the Health and Social Care System locally (presentation attached). Cumbria has challenges due to its sparsity and geography. The county shares hospitals with North Lancashire. Due to this the county spends significantly more on health than it has a budget for and as a consequence all major partners are working together to deliver a system transformation programme, Better Care Together. A major part of the work that needs to happen outside the Hospitals is a more co-ordinated, integrated and proactive approach to people's health needs. This will be facilitated by the development of Primary Care Communities which will bring together GP's, Adult Social Care, partners in the voluntary sector and communities themselves to develop new ways of working and drawing in the expertise of hospital and other specialist clinicians when needed.
Primary care communities (PCC's) are designated areas where services are grouped to be better integrated and centred on the patient. 4 PCC's are being established in South Lakes, each with about 30,000 population (see map below).
Public health is guided by the County Health and Wellbeing Board (H&WB) who produce the Cumbria Joint Strategic Needs Assessment. A local H&WB Forum has just been established for South Lakeland and provides an opportunity for two way communication with the LAPs

1) GP services

a) Concerns about the potential closure of rural GP surgeries due to funding mechanism and the impact on the local community

Craig Melrose (Assistant Medical Director for NHS England, Area Team, who are the body responsible for commissioning primary care). Primary care is commissioned to deliver best value. Currently there is different funding for different practices in the UK. So the Government is currently trying to equalise the funding to ensure fair and equitable settlement and create equality in the system so patients aren't affected. However this may take between 4 to 7 years, and, in the meantime, some practices will find their income affected. This especially affects small practices who may feel this more, hence the pressure to find solutions. It's imperative to maintain good services.
GP's are self-employed; contracted with NHS England. Different contracts (GMS and PMS) lead to different costs for different practices. Government are aiming for £72 per patient for every practice in England.
NHS England has published a 5 year Forward View looking at how to combat a £30 billion funding gap? Part of the solution is primary care: GP surgeries will have to evolve

to work more collaboratively and in larger groups. They will have to make better use of nurses, physiotherapists, mental health experts etc and cover larger areas.
This should provide better quality and more effective primary care. Currently the NHS is too reliant on hospital care. Instead we need to keep people out of hospital. A whole system change is required over the next few years.

b) Subsequent travel time and the lack of availability of public or community transport to alternative surgeries

Craig Melrose: Larger practices can work closer to patients using innovative ways ie including other services. Moving the practitioners around helps GP development as isolated GP's is not good in terms of developing skills. Linking smaller GP surgeries with bigger town centre surgeries will provide a better choice for patients.

c) What are the options to extend opening hours to suit needs e.g. evening or weekend surgeries to suit those who work?

Craig Melrose: Current standard opening hours are 8.00am to 6.30pm. Practices can currently extend opening hours, for which they are offered extra payment. Outside core hours there is an out of hours GP service (Cumbria Health on Call (CHOC)).
England needs 5000 to 8000 extra GPs to deliver the Government vision of extended GP opening hours. Many GPs are already working 12 hour days. Recruitment to General Practice is going down; there is a struggle to replace those retiring.
To make a more attractive package the government are looking at larger units and giving GPs a more structured role. Working more collaboratively will help extend opening hours; you will be seen by a doctor, but maybe not your doctor.

d) Recognising the need for rural solutions and not one size fits all eg the provision of online services is not practical in areas with poor broadband connection*?*

Helen Bailey: Where there are broadband connections the health service is looking to develop tele-care and tele-health solutions as this is a more efficient, and, in some circumstances, a more effective use of resources. For example GP's will be able to use technology to consult with a specialist hospital, while the patient is in their surgery, to avoid a trip to hospital.
Challenge is to the Government; how can they provide broadband in rural areas?
Physical GP home visits will continue to be available.

e) How many visitors are treated in our catchment areas? Is that taken into account when calculating and allocating resources? The area population is increased substantially by visitors.

Roz Bradshaw – The costs of local health services provided for visitors is recouped from visitors' locality .Extra visitors using local services are not taking from our pot.
Rick Shaw – The ambulance service is designed around demand and need profiles and takes account of visitors.

2) Hospital services UHMBT

a) What is planned for local hospital services, especially at the Westmorland General Hospital (WGH)?

Jim Hacking – Local GP's value Westmorland General Hospital (WGH) and are fighting hard for its future. Confident there will be a good use for the building although some things will be changed and new services offered.

b) How are the well documented problems at UHMBT being addressed?

Helen Bailey –There is strong input from GP's to use WGH to maximum benefit. The Hospital Trust has challenges and the Better Care Together programme is essential in providing a whole system solution to the challenges the area faces. Regulators are looking closely at the UHMBT but Morecambe Bay are also getting outside support from many areas with best practice. For example, the emergency care intensive support team is working with the Trust on how to improve performance in A&E over the winter. They are using an ambulance manager in A&E for better coordination and control.

c) What is the role of the Trust Board and how can local communities influence decisions?

Helen Bailey: Information is available via the Trust web site (email Governors@mbht.nhs.uk, telephone 01227 404 473).

d) Local maternity services in rural areas are disappearing in favour of bigger urban centres.

Helen Bailey: Better Care Together have a work stream looking specifically at Maternity and Children's services. Locally GP's are clear they expect obstetric led services at Furness and Lancaster. Not all services are appropriate at GP practices, but the availability of a Midwife service at home will continue where appropriate.

e) The management of, and arrangements for, discharge from hospitals and people being discharged when they have no-one at home to care for them.

Roz Bradshaw – New Hospital Trust staff have been taken on to manage discharge work on the wards and A&E units. They will be available, following patient discharge, to link in with primary care communities, GP's and social care workers.
Gary Wilson – There are 2 full time social work staff based at RLI and 5 staff at WGH. Outcomes for those referred to social services range from being signposted to third sector (for example, "home from hospital" service), care delivery to facilitate a return home, through to the provision of Residential/Nursing Care. Social workers are based in hospitals so they can start the assessment process sooner. Cumbria Care offer up to 6 week re-ablement service to help people to get more independent/ rehabilitate. Carers are strongly encouraged to have a contingency plan in place for those they look after in case the carer is taken ill.

3) Ambulance services

a) Great concerns about ambulance response times in rural locations and the role of First Responders. Are they sufficiently trained, equipped and supported by NWA to undertake this crucial role in very rural locations?

Rick Shaw: NWAS seen a growth of volume every year and this year seen an unprecedented rise. Way above what was planned for. Working closely with partner organisations to remove delays across the system including turnaround times at hospitals (eg by putting managers there). Changes to service provision result in less reliance on conveyance to Hospital, instead focusing on highly trained clinicians and making ambulances mobile care centres. NWAS now has access to CHOC and can refer low acuity patients to them instead of conveying them to hospital providing the right care at the right place at the right time. First responders in rural areas are in the community and at the scene before ambulances; they all provide a vital part of service delivery. Changed processes have been implemented to improve safety for Responders and allow faster mobilisation.
Mark Evans: 850 responders across Cumbria and Lancs. Massive increase in Cumbria from 54 community responder teams to 72 teams. One size doesn't fit all. Responders now have to fit in with NHS core standards. Training for a first responder takes 20 hours. First responder teams now have access to 450 kits which responders can carry in their car. Currently NWAS are reviewing potential for improvements.
Air wave pagers: This two way tracking device covers the vast majority of Cumbria, including some areas where there are communications problems. two way tracking increases base knowledge Responders movements. Now Responders can be on call wherever they are. The changes, and increased skill levels, mean there is an increased chance of survival for patients.

Transport:

a) The availability of transport to hospitals for patients and visitors from rural areas – delays cause missed return connections. Older people particularly affected. There is a lack of public transport on weekends.

Roz Bradshaw: Health & WellBeing Boards are looking at this: there is no easy answer. "Cumbria Action for Health Network (with the CVS) recently carried out a Patient Transport Survey with the public. Local voluntary car service
Helen Bailey: Part of the solution is to reduce unnecessary visits to hospitals. An SLDC Overview & Scrutiny Health review (17 September) is looking at this issue through the "One SLL Health and Well-Being Forum".

b) Need local solutions for getting rural people to hospitals. Take more account of individual's circumstances (ie timetabling of appointments). Radiation therapies take 10 mins yet people have to travel to Preston daily for 6 weeks. How about a designated day for that area at the hospital and a bus organised?

Helen Bailey: difficult logistics. Each individual's treatment plan is different and is built round the needs of that patient. So for specialised services like cancer treatments it is not possible to treat everyone from the same area on the same day as their particular treatment needs have to be provided for.
Craig Melrose: some treatments are specialised and can't be delivered everywhere – skills and technology are centralised.

4) Mental health services

a) Dementia services are being lost when the numbers of dementia patients is higher in South Lakeland than the national average. Concerns about dementia awareness and care services and support for carers

Jim Hacking: Dementia services are offered by both Specialist and Mainstream services.
South Lakes: Specialist: Memory Matters service in WGH. Referrals have doubled in last 2 years which does put the service under pressure. A target wait time of 15 days for the first appointment with an aim to have established diagnosis within 6 weeks. They offer ongoing follow up and care with review every 6 months for patients on anticholinsterase inhibitors. Work with Age UK and Alzheimer's providing information and support groups. Memory matters also offers post diagnostic support.
Mainstream: In Primary and community care many patients have dementia and as part of our mainstream service improvements we are funding Nursing support to Care Homes as well as Case Managers and Care navigators to work in the community.

b) The impacts of rural isolation for dementia patients and carers and how they find out about services and how they then access them when many older people are not on line or broadband connectivity is poor

Jim Hacking: "Memory matters" generally use booklets, handouts, face to face contact and groups to disseminate information.
Gary Wilson: following a carers assessment individual carer budgets are available, up to £1500 per annum, to purchase services to support carers. South Lakeland Carers Association are contracted to complete assessments on behalf of Cumbria County Council.
Helen Bailey: impressed with Ulverston LAP dementia project. They are recognising a problem and doing something about it. It's a community problem – how can we support dementia sufferers? LAPs have a role. It's about keeping people at home in familiar surroundings. Hopes Ulverston LAP will come to H&WB forum to talk about this.

5) Living independently

a) The level of care for those living at home but requiring support and the contract constraints on delivery

Gary Wilson: most people want to remain at home. Care provision is subject to an assessment of the individual's needs. This assessment identifies an indicative resource (budget) that may be available to meet those needs. Direct payments enable individuals to take a budget and pay for their own care at home. CCC are now moving towards prepayment cards to promote individual choice.
CCC is looking at preventative services/ assistive technology, to assist people to remain at home. For example, sensors are linked to a GPS and alert the carer if dementia patient leaves the house.

The level of care available is dependent upon the level of assessed need and may be up to the equivalent to the cost of residential care. CCC will always look at options to help people to remain at home but have a duty to get best value.
There is a framework agreement in place in Cumbria with domiciliary providers. These are the main providers CCC are willing to deal with, but we can go off framework when necessary. Our in house provider, Cumbria Care, is used as providers of last resort when necessary.

6) Communication

a) Better communication with patients, ambulance services and hospitals around "do not resuscitate" forms. Communications between different parts of the NHS – GP/ Consultant/ Patient.

Roz Bradshaw: A lot of work has been done around "Do not resuscitate" forms. Now the GP discusses this with patients and their wishes logged and with their permission communicated to colleagues in NWAS and Hospital. So partners should be aware before getting to the patient.
There is an ethos of communication in the CCG, part of the performance monitoring.
Helen Bailey: We need to use technology. With permission, patient record is shared across the system. However care is always taken to ensure confidentiality and that staff only have access to the information they need. A Sedbergh GP is leading on technology and communications in Cumbria.

7) Role of LAPs

a) Importance of using community buildings: district nurse visits/ ante natal visits to toddler groups etc. Community halls can get 40 people all in one place. Organisations could contribute to running costs.

Jim Hacking: Not ideal for GP consultations as cleanliness and computer access a necessity.
Suggestion:
LAPs have the opportunity around training courses: diabetes/ men's health / flu jabs in community halls/ schools

b) How do the panel think LAPs can help fill gaps e.g. through local projects (e.g. dementia awareness training in Ulverston and Central Lakes), by promoting the need for volunteers in specific roles when services are lost, as part of ongoing consultation / engagement process, or as a conduit for information within communities.

Alec Proffitt (Healthwatch Cumbria) statutory role and have used LAPs as a conduit. Can produce a "how to" guide for LAPs on how to get involved. LAPs can use Healthwatch Cumbria for maximum impact.
Suggestion:
LAPs can produce a "how to" guide for LAPs on how to get involved.

Rick Shaw (NWAS): NWAS gazetteer project around place names in rural locations. Contact Rick (rick.shaw@nwas.nhs.uk) to help with remote, hard to find rural properties.

Suggestion:
NWAS are changing the profile of treatment options and how these are provided. LAPs can help get the message across that it's a different service – don't always expect an ambulance.

Mark Evans (NWAS): Coordinates work like heartstart and linked in with fire service who do heartstart training along with fire safety checks.
Suggestion:
LAPs can put members forward to sit on the group.

Jim Hacking (GP Services): There is an increasing necessity to tackle health issues in the round. Transport is a massive local issue – LAP can help with solutions which may include talking to bus companies/ volunteer groups. Look at best practice nationally. Volunteers with cars always in demand and provide an invaluable service.
Suggestion:
LAPs can input into improving the health of the PCC area and assessing requirements.

Roz Bradshaw (SLL CCG): South Cumbria Primary Care Communities (PCC) (East) -
Suggestion:
CCG need information to support the community in the South Westmorland LAP area.

Helen Bailey (SLL CCG): A vibrant community helps keep people healthy. The public health approach is to offer activities to draw people in and support them to be engaged. We can solve problems together by working collaboratively on solutions.
Suggestion:
LAPs and Parish Councils have a role to promote a vibrant, supportive and engaged community.

LAP Questions

- **Vic Brown**: In his experience it's easy to support a voluntary transport scheme and there is a good model template from Burton in Kendal. Parish Council insurance can be used.
- **Jackie Bettess**: Is a first responder and the process was simple; however now the oxygen therapy rules are 23 pages long. Process is over the top. Is it not better to have volunteers with basic skills rather than fewer people volunteering? The new application process is too onerous. Rural areas responders are crucial and the process restricts recruitment in rural areas. Responders have to raise money to pay for the equipment. How many people were injured in the past?
- **Mark Evans**: NAWS bound by the NHS core standard of employment (national guidelines). NHS has experienced problems and safety of UK public is paramount. If you don't give the correct oxygen it can compromise the patient.
- **Vivienne Rees** – Unique problems in rural areas (especially the Lake District). The roads get blocked and not wide enough for ambulances to get through.
- **Helen Bailey** – Rural areas need more health hubs. In PCC area 2 (Central Lakes and Grange and Cartmel), the hubs are in Grange and Windermere for example. PCC areas are apportioned by numbers of residents (30,000)
- **Vivienne Rees** – You can't use numbers when places are far apart. There is a lack of appreciation of the difficulty of getting from Grasmere to Furness for

example. Grasmere has over 50% holiday homes and lets. So numbers need facts to back them up. The strategy should consider the large number of people who aren't being counted (ie tourists).

- **Janette Jenkinson** – LAPs can get involved in new primary care communities. Areas needs are different and LAPs need to understand how to help the PCC communities. The Low Furness and Ulverston LAP Dementia work has empowered members of the working group and the community. Very good reception for the leaflets from local shops, residents and visitors. Living independently – is the money means tested?
  Gary Wilson – Yes it is, but one to six week re-ablement is free.

  Why is there an increase in demand for ambulances?

  Rick Shaw –There has been a general increase in life threatening calls, but no pattern identified.
- **Geoffrey Marvin** - disappointed University Hospitals of Morecambe Bay NHS Trust were not present. They should have been there to answer questions. Ambulance response time is affected because they can't use Westmorland General Hospital etc.
- **Anne Brodie** - Planning authority not represented here and are relevant. Hawkshead surgery wanted to put in an improved surgery but came up against planning rules. Planning also affects sheltered housing and housing for disabled.
  Helen Bailey – There are links through the One South Lakeland Board (LDNP a partner).

Mary Chapman gave thanks to the panel and SLDC for an informative and constructive event.

Footnote:
CQC report - University Hospitals of Morecambe Bay NHS Foundation Trust **Quality Report**

NHS Cumbria Clinical Commissioning Group

Helen Bailey

Senior Commissioning Manager

South Lakeland

Better Care Together

- Better Care Together' is a review of local health services. • The review is an opportunity to make sure that Cumbria has the best possible health services , which meet the needs of residents, now and well into the future.

The areas that we are concentrating on are:-

- Urgent Care
- Planned Care
- Out of Hospital
- Maternity & Children

Primary Care Communities

- The vision within Primary Care Communities is to transform the care provided in South Cumbria and to create a seamless experience for the patient.
- It doesn't matter whether a person is receiving care in their home, their community, or hospital. The new model of care will be centred on the patient rather than the care setting.
- Will focus on quality of the services being delivered rather than the organisation that delivers them.

Central Lakes

Kendal

Millom

Grange and Cartmel

East

Dalton and Ulverston

Alfred Barrow

Barrow Town

South Cumbria
Primary Care Communities

LAP Boundary

PCC Boundary

PCC Sub Boundary

South Lakeland Local Area Partnerships

Central Lakes

Upper Kent

Kendal

High Furness

Sedbergh and Kirkby Lonsdale

South Westmorland

Grange and Cartmel

Low Furness and Ulverston

LAP Boundary

PCC Boundary

PCC Sub Boundary

Central Lakes

Central Lakes

Upper Kent

Kendal

Kendal

High Furness

Sedbergh and Kirkby Lonsdale

East

Millom

Grange and Cartmel

South Westmorland

Grange and Cartmel

Dalton and Ulverston

Low Furness and Ulverston

Alfred Barrow

Barrow Town

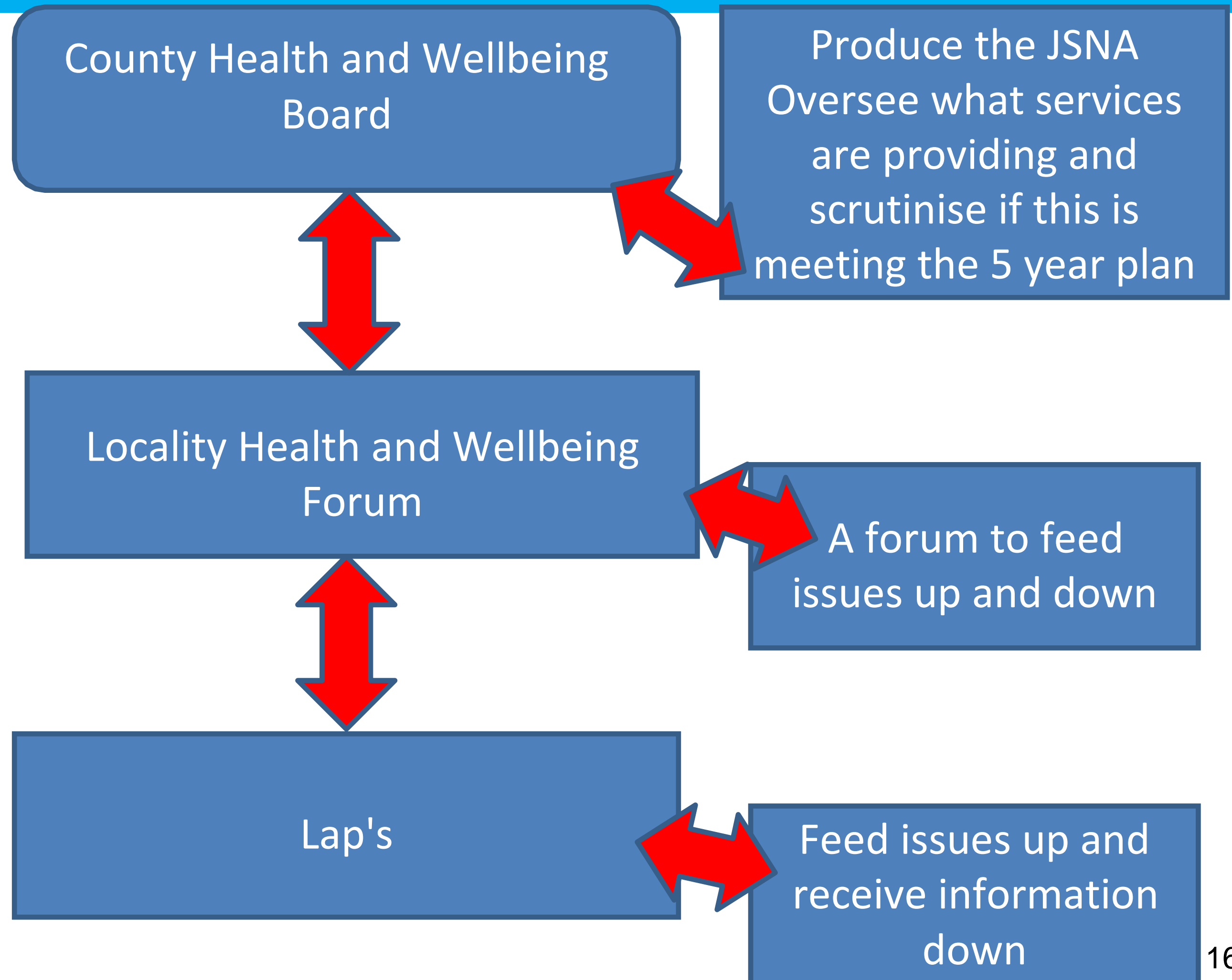
South Cumbria Primary Care Communities & South Lakeland Local Area Partnerships

LAP Boundary

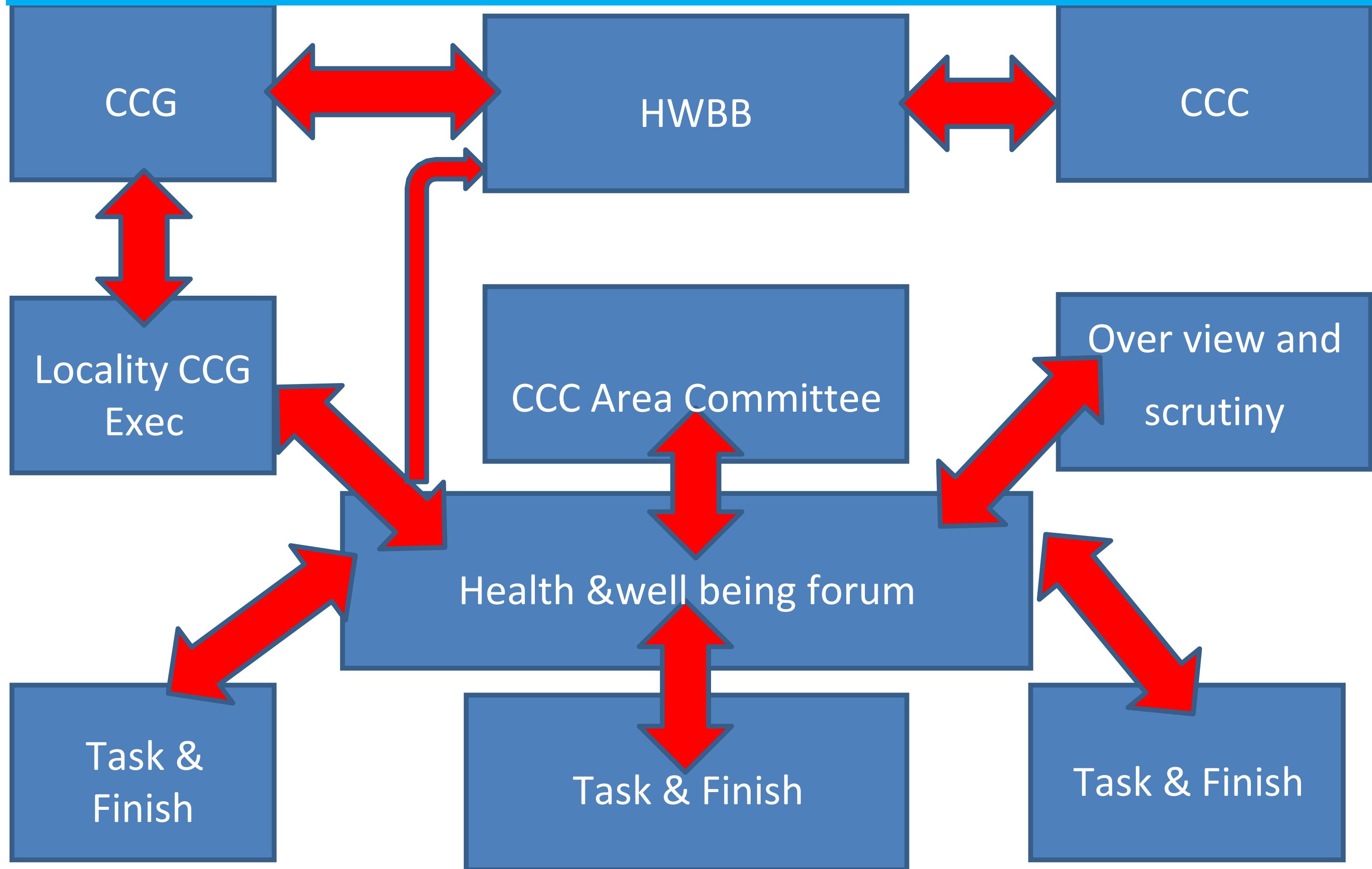
PCC Boundary

PCC Sub Boundary

Health and Wellbeing Board



Health & Wellbeing Structure



Cumbria
Clinical Commissioning Group

Helen Bailey
NHS Cumbria CCG South Lakes Locality
Enterprise House
Meadowbank
Business Park
Shap Road
Kendal, LA9 6NY

Tel: 01539 777 323
Email : helen.bailey@cumbriaccg.nhs.uk

South Lakeland